

Case Number:	CM14-0019071		
Date Assigned:	04/23/2014	Date of Injury:	05/27/2010
Decision Date:	07/03/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/14/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 59-year-old male who was injured on May 27, 2010. The injured is documented as having persistent neck, knees, and low back symptoms. A previous lumbar interbody fusion was performed on August 23, 2013 from L4-S1. There are reports of continued back pain that radiates into both lower extremities and neck pain radiating into both upper extremities. On December 3, 2013, the pain scale is documented as 7/10 with medications and 7/10 without medications. The examination notes paravertebral tenderness, but does not identify any objective evidence of radiculopathy. There is no indication that the claimant has failed a trial of anti-epilepsy medications or antidepressants. The utilization review in question was rendered on January 28, 2014. The reviewer denied the request for Terocin patches indicating there were few randomized controlled trials to determine the efficacy or safety of these patches.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

TEROCIN PATCH QTY 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Terocin topical patches are a topical analgesic containing Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. The MTUS notes that the use of topical medications is largely experimental and there have been few randomized controlled trials. It further goes on to note that topical lidocaine is a secondary option when trials of antiepileptic drugs or antidepressants have failed. Based on the clinical documentation provided, the claimant has not attempted a trial of either of these classes of medications. As such, in accordance with the MTUS when a single component of the compounded medication is not indicated the entire medication is not indicated. Thus, the request is not medically necessary.